

LIST REQUEST FOR THE IDAHO DEPARTMENT OF INSURANCE

Date: _____

Name: _____

Please send a producer list of Idaho licenses with the following criteria:

Resident Status Requested: ☐ Resident ☐ Non-Resident ☐ both

Agent/Agency Status Requested: ☐ Agent ☐ Agency ☐ both

License Type Requested: ☐ Producer ☐ Bail ☐ Adjuster

- Surplus Lines

Line(s) of Authority Requested (producer only):

☐ Property/Casualty

☐ Personal Lines

☐ Disability (Health), Life, Variable

- This list will be sorted in ZIP CODE order.
- This list will be formatted in an EXCEL SPREADSHEET.
- This list will be sent via email as an attachment.
- This list will include producer names/license numbers and mailing addresses. The Department **does not** provide phone numbers or email addresses.
- Maximum number of lists per request = 2

Email address to send file(s):

If we have any questions while processing your request, contact:

Name: _____ Phone: _____

Attach **\$9.75** in check or money order form made payable to
Idaho Department of Insurance and mail check and completed form to:

Idaho Department of Insurance

PO Box 83720

Boise, ID 83720-0043